

Name
in
Full

Sarah Briggs

CERTIFICATE OF DEATH

To BE ANSWERED BY
NEAREST FRIEND

Died at	Town	County	MARYLAND	
Date of death	Month	Day	Years	Months Days
1906	Sep	8	Age	5
Sex	Color or Race	Birth-place	Where Residing If not at place of death	
female	Black	md		
Occupation				
Married, Single or Widowed	Name of Wife or Husband	Father's Birthplace	md	
single	Jct Briggs	md		
Father's Name				
Mother's Maiden Name	Alverta Sheppard	Mother's Birthplace	md	
Name of person giving information	Alverta Briggs	How related to deceased	mother	

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary: Bronchitis (90) How long: 1 week

Immediate

Are the name, age, sex, color, date and place correctly given above?

yes

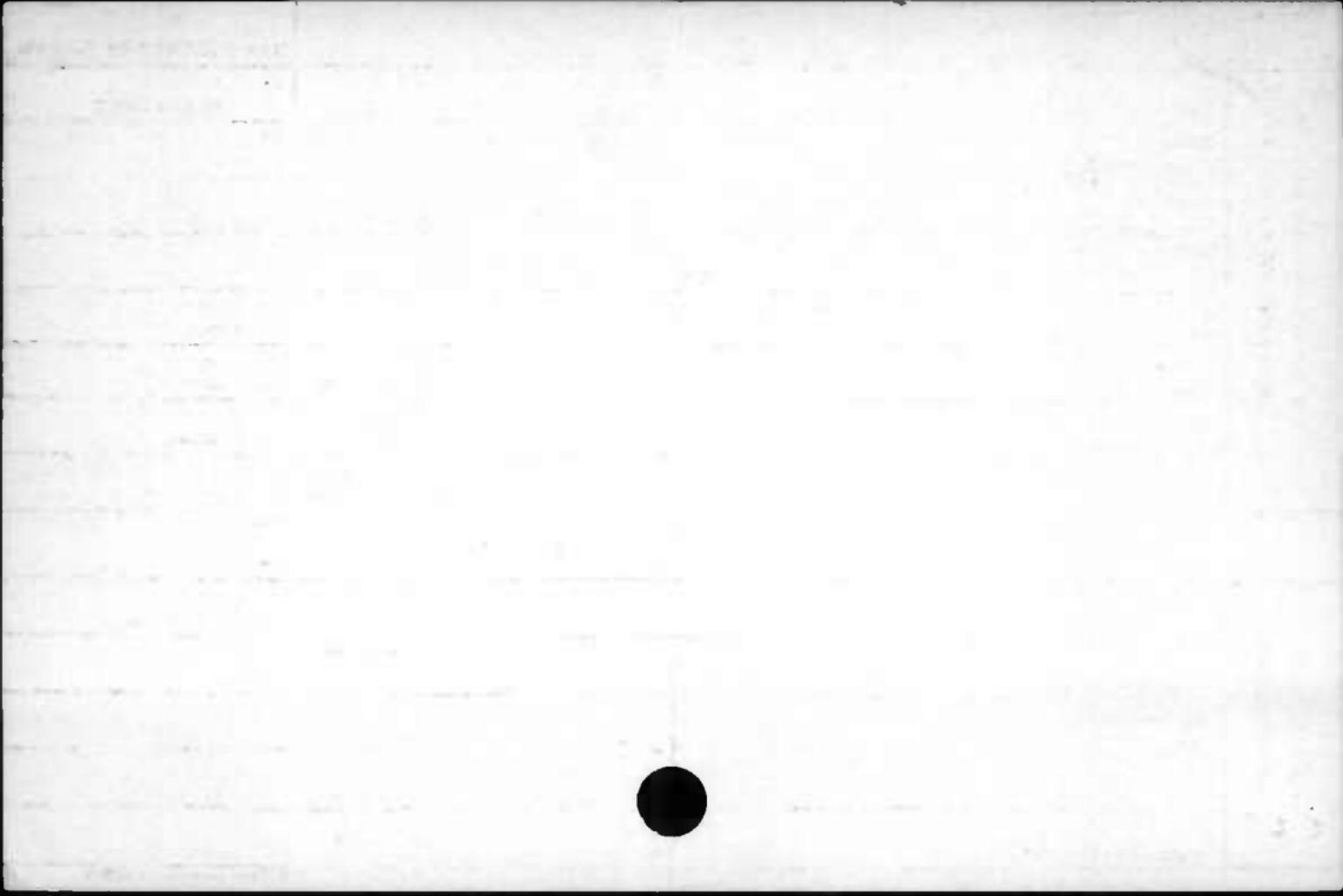
Signature of Physician

Address

R. K. Jefferson
Federalsburg
md

1

Accident or Suicide?



Name
in
Full

Blanche Collins

CERTIFICATE OF DEATH

To BE ANSWERED BY
NEAREST FRIEND

Died at		Town	County			
Date of death	Month	Day	Years	Months	Days	
1906	Sep	27	15			
Sex	female	Color or Race	black	Birth-place	md	
Occupation	servant	Where Residing if not at place of death				
Married, Single or Widowed	Name of Wife or Husband					
Father's Name			Father's Birthplace			
Mother's Maiden Name			Mother's Birthplace			
Name of person giving information	Ghas Prattis		How related to deceased Guardian			

CAUSES OF DEATH

Primary

Diphtheria

How long

10 days

Immediate

Are the name, age, sex, color, date and place correctly given above?

yes

Signature of Physician

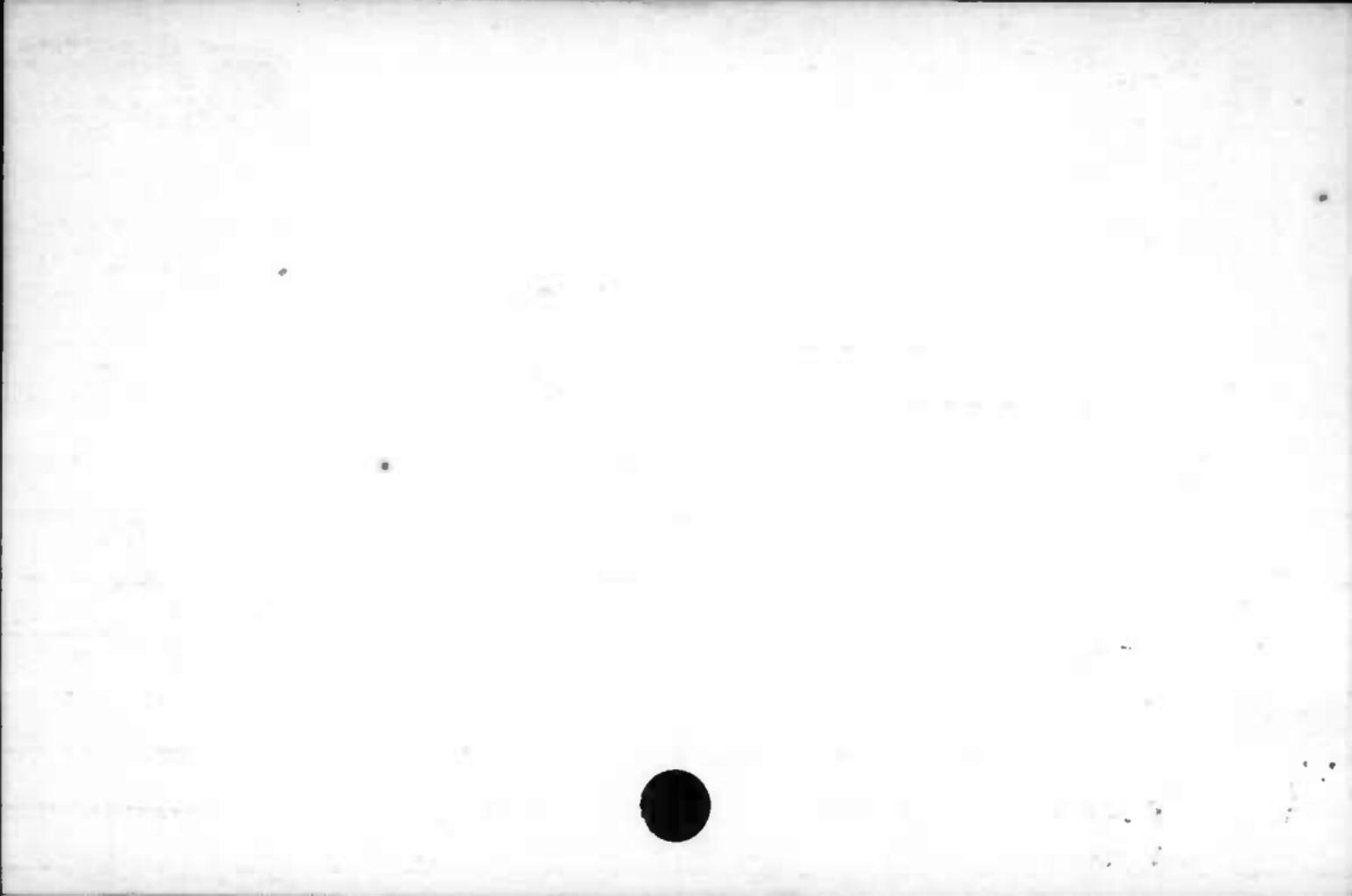
Address

B K Jefferson
Federalsburg
md

PHYSICIAN
OR CORONER

1

Accident or Suicide?



Died at

~~at~~ ^{Town} ~~Gardiner, Maine~~, County ~~Cumberland~~ MARYLAND
 Month Day M. D. Native of Occupation
 Date ~~1906, 9 20~~ Age ~~50~~ ~~7.~~ ~~England~~ Retired
 Male White Married Widow Divorced
 Female Colored Single Widower Number of children living 3.

Husband of

Wife

Father's

Name

Mother's

Name

Cause of

Primary

~~Final~~ ~~Dementia~~ ~~(154)~~
 How long sick 6 mos.

Death

Immediate

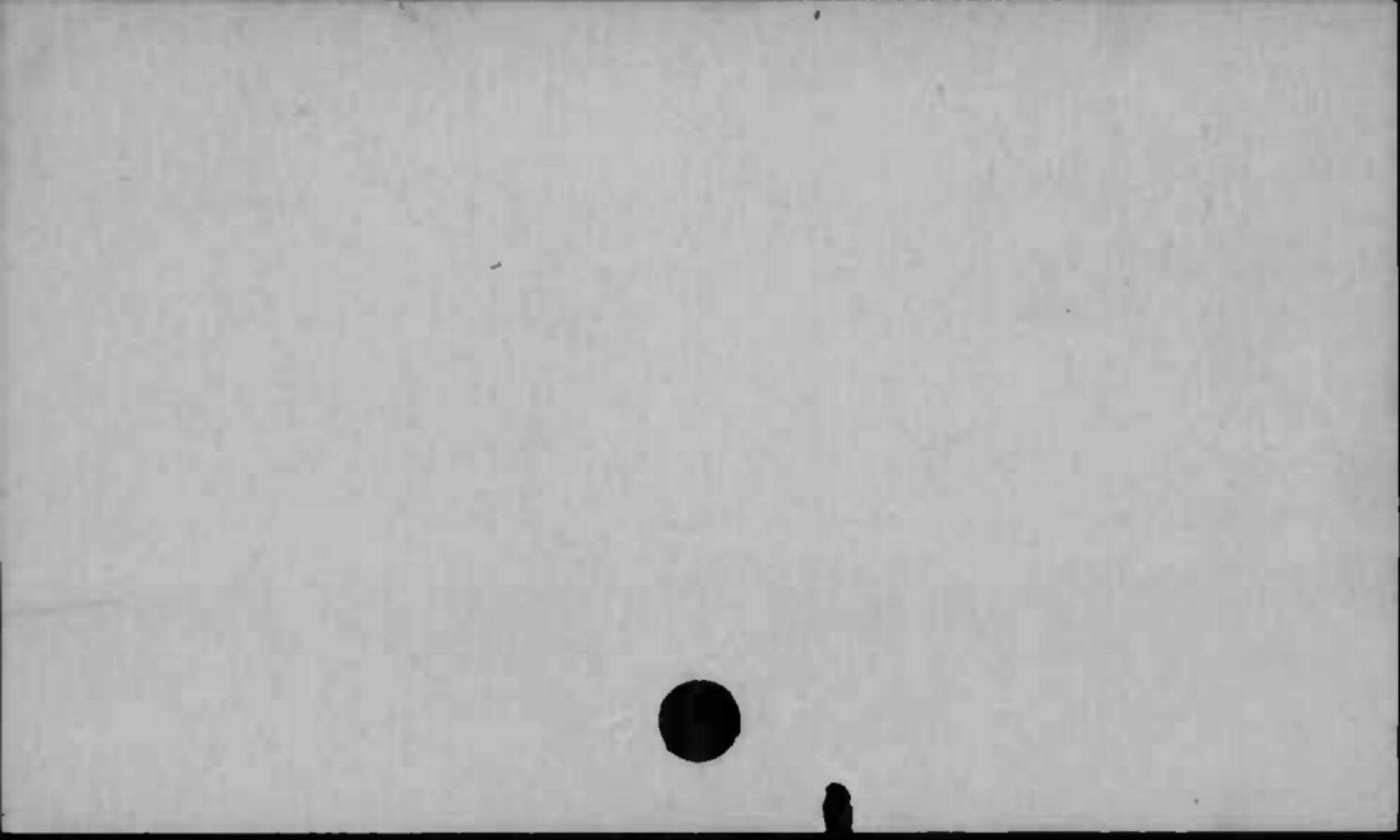
~~Cushing in a fit running.~~
 Accident, Suicide, Homicide

Reported by

~~Geo. F. Sawyer,~~

Address

~~Federal~~ ~~Ind~~



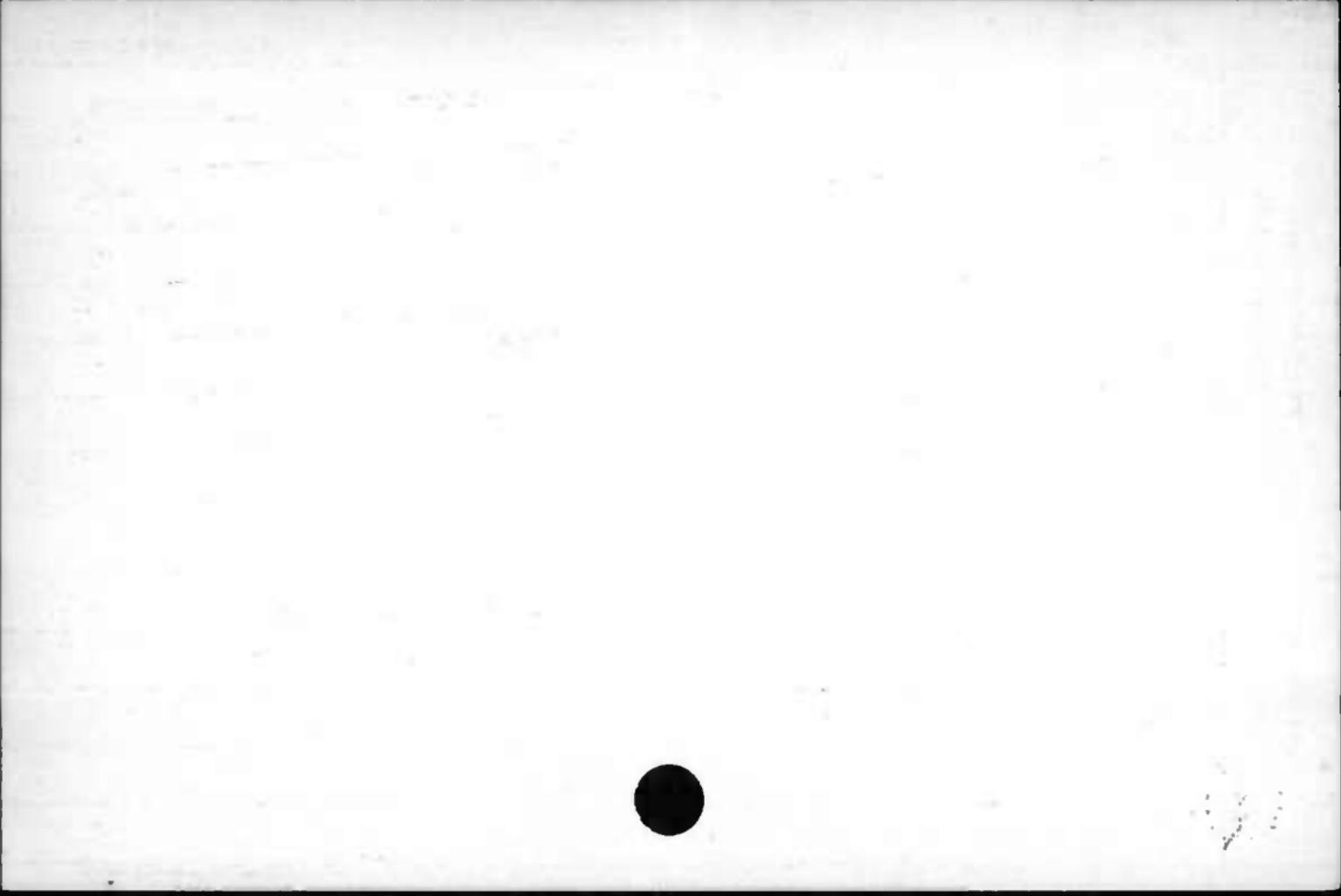
Name
in
Full

TO BE ANSWERED BY
NEAREST FRIEND

P H Y S I C I A N
OR CORONER



CERTIFICATE OF DEATH				
Died at <u>Federalsburg</u> Town <u>Caroline</u> County				
Date of death <u>1906</u>	Month <u>sep</u>	Day <u>17</u>	Age <u>9</u> Years	MARYLAND Months Days
Sex <u>female</u>	Color or Race <u>white</u>	Birth-place <u>md</u>		
Occupation <u>none</u>	Where Residing if not at place of death			
Married, Single or Widowed <u>single</u>	Name of Wife or Husband			
Father's Name <u>John Burlock</u>	Father's Birthplace <u>md</u>			
Mother's Maiden Name <u>Sally Coffaway</u>	Mother's Birthplace <u>md</u>			
Name of person giving Information <u>John Burlock</u>	How related to deceased <u>father</u>			
CAUSES OF DEATH				
Primary <u>Diphtheria</u>	How long <u>4 & days</u>			
Immediate	How long			
Are the name, age, sex, color, date and place correctly given above?	yes	Signature of Physician <u>R K Jefferson</u>	Address <u>Federalsburg</u>	<u>md</u>
Accident or Suicide?				



Name
in
Full

Sarah A Lane

CERTIFICATE OF DEATH

To BE ANSWERED BY
NEAREST FRIEND

Died at	Town	County	MARYLAND	
Date of death	Month	Day	Years	Months Days
Sex	Color or Race	Age		
Occupation	Where Residing if not at place of death			
Married, Single or Widowed	Name of Wife or Husband			
Father's Name	Father's Birthplace			
Mother's Maiden Name	Mother's Birthplace			
Name of person giving information	How related to deceased			
Thomas B Deane son				

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary

Cancer Stomach 40 4 years

How long

Immediate

How long

Are the name, age, sex, color, date and place correctly given above?

yes

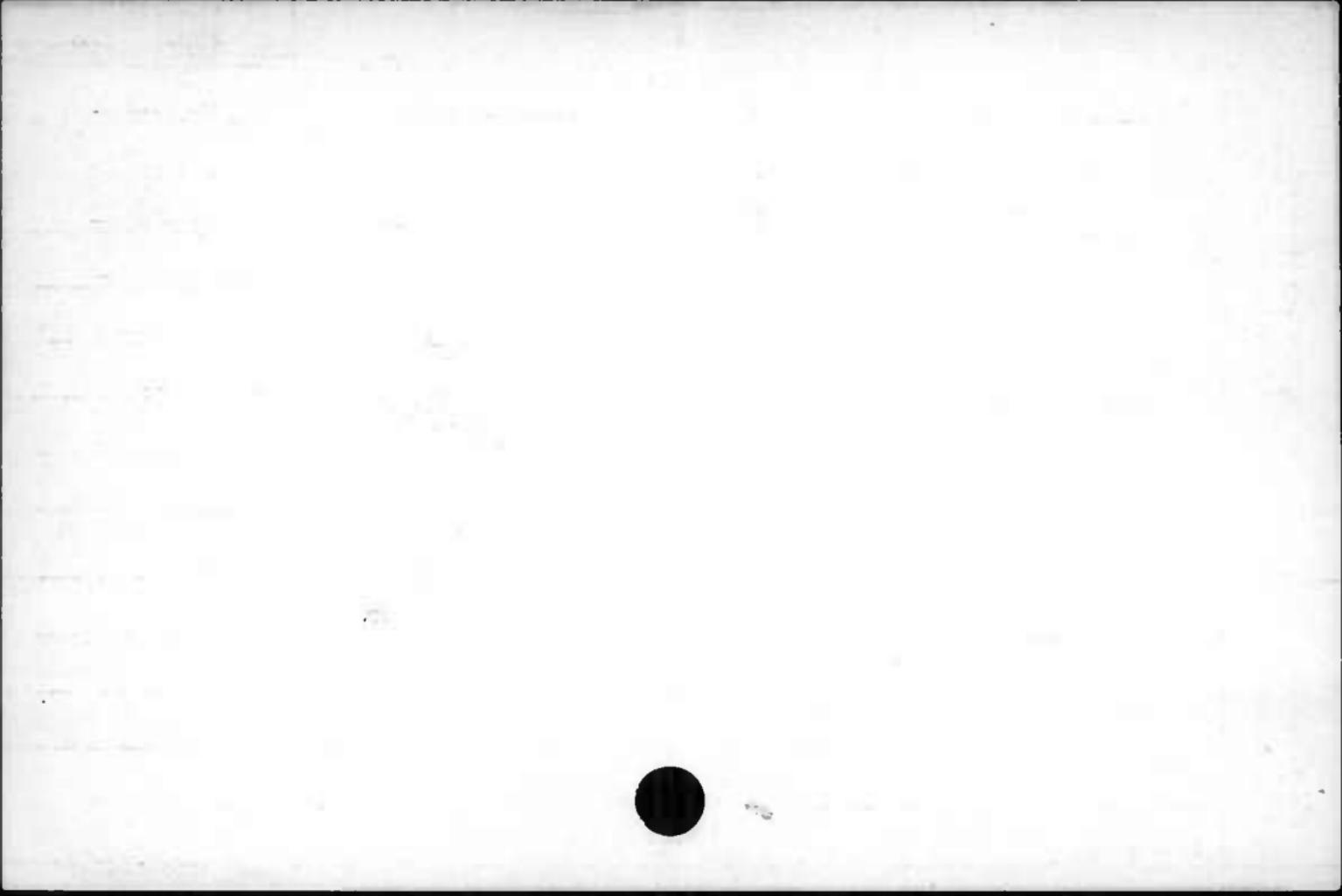
Signature of Physician

Address

R R Jefferson
Federalsburg
md



Accident or Suicide?



Name
in
Full

Daisy Annabel Nichols Sayles.

CERTIFICATE OF DEATH

To BE ANSWERED BY
NEAREST FRIEND

Died at <u>New Ridgely</u>		Town	<u>Caroline</u>		County	MARYLAND	
Date of death	1906	Month 9	Day 19	Years 20	Age	Months	Days
Sex	<u>Female</u>	Color or Race	<u>Negro</u>			Birth-place	<u>Maryland</u>
Occupation	<u>Housewife</u>		Where Residing if not at place of death		<u>Philadelphia</u>		
Married, Single or Widowed	<u>Married</u>	Name of Wife or Husband	<u>John Sayles.</u>				
Father's Name	<u>J. W. Nichols.</u>				Father's Birthplace	<u>Id.</u>	
Mother's Maiden Name	<u>Lizzie Jackson</u>				Mother's Birthplace	<u>Id.</u>	
Name of person giving information	<u>Wm A. J. Nichols.</u>				How related to deceased	<u>Brother.</u>	

CAUSES OF DEATH

Primary

Phtisis Pulmonalis

How long

six months

How long

Immediate

Are the name, age, sex, color, date and place correctly given above?

Yes

Signature of Physician

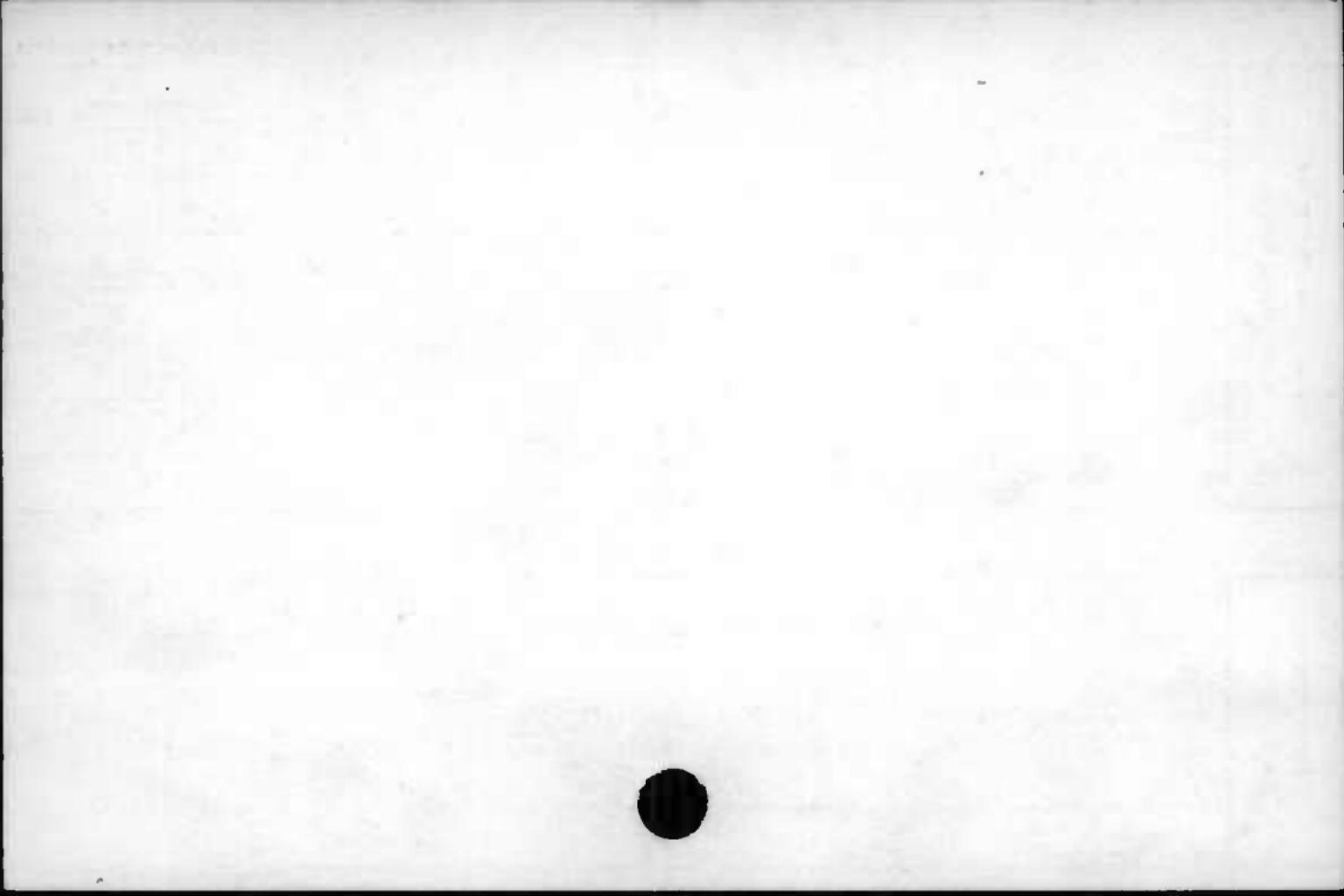
J. S. Stone M.D.

Address

Ridgely Md.

Accident or Suicide?

PHYSICIAN
OR
CORONER

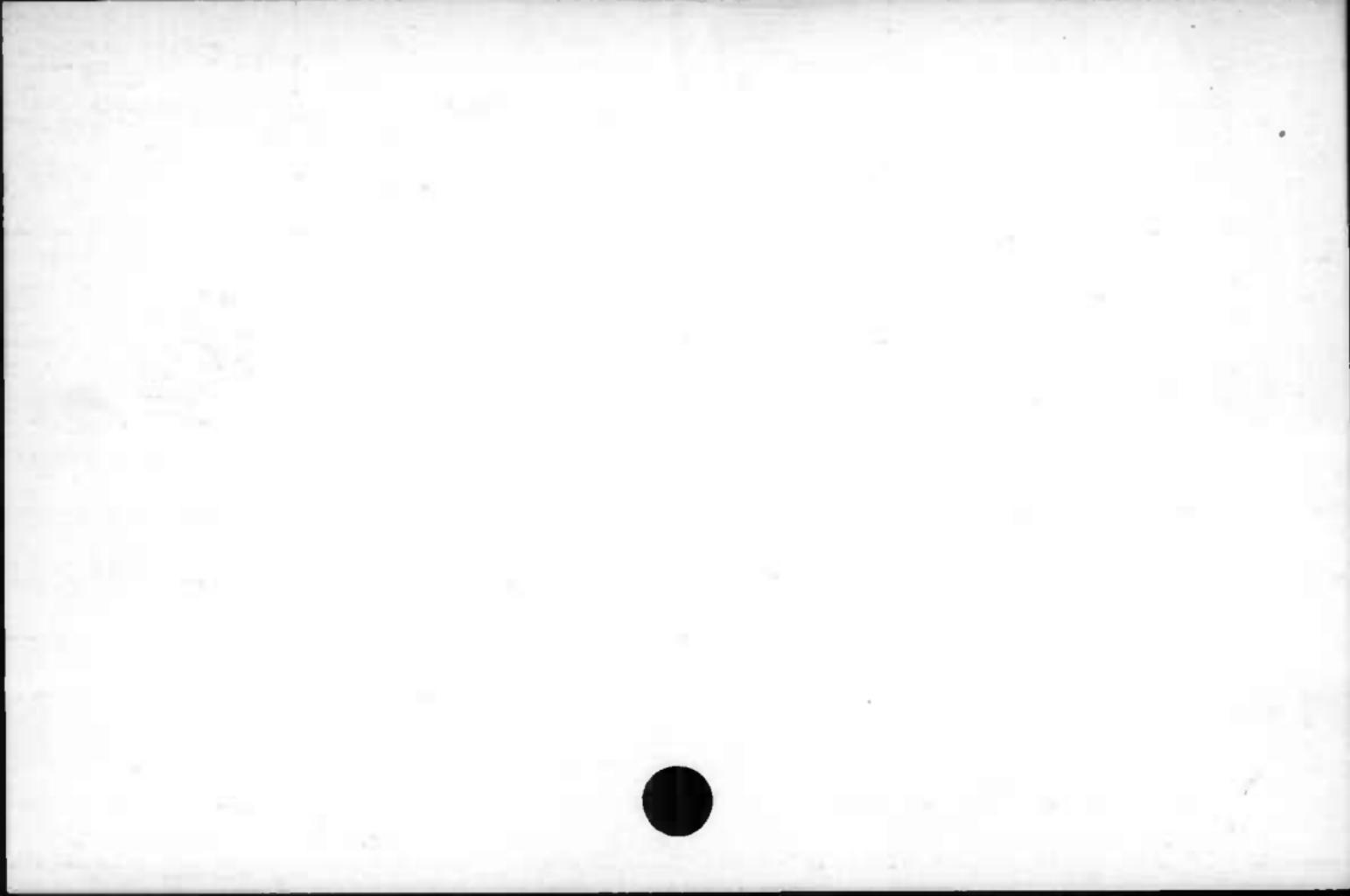


Name
in
Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIENDPHYSICIAN
OR CORONER

Died at <u>Federalsburg</u>		Town	<u>Caroline</u>	County	MARYLAND	
Date of death <u>1906</u>	Month <u>Sep</u>	Day <u>6</u>	Age	Years	Months	Days
Sex <u>male</u>	Color or Race <u>white</u>	Birth-place <u>md</u>				
Occupation	Where Residing if not at place of death					
Married, Single or Widowed	Name of Wife or Husband					
Father's Name	<u>Chas Donson</u>					
Mother's Maiden Name	<u>maggie Handy</u>					
Name of person giving information	<u>Chas Donson</u>					
CAUSES OF DEATH						
Primary	<u>still born infant</u>					
Immediate						
Are the name, age, sex, color, date and place correctly given above?						
Signature of Physician						
Address						
Accident or Suicide?	<u>R Kemp Jefferson</u> <u>Federalsburg</u> <u>md</u>					



Name
in
Full

First name Walker Middle name Walker

CERTIFICATE OF DEATH

To BE ANSWERED BY
NEAREST FRIEND

Died at <u>Hillabor</u> , Town <u>Hillabor</u> , County <u>Caroline</u>	County <u>MARYLAND</u>
Date of death <u>1906</u> Month <u>9</u> Day <u>18</u>	Years <u>-</u> Months <u>-</u> Days <u>13 hrs</u>
Sex <u>Male</u>	Color or Race <u>Blacks</u>
Occupation <u>—</u>	Where Residing if not at place of death <u>ma</u>
Married, Single or Widowed <u>—</u>	Name of Wife or Husband <u>—</u>
Father's Name <u>John Walker</u>	Father's Birthplace <u>MD</u>
Mother's Maiden Name <u>Sarah Sibbs</u>	Mother's Birthplace <u>MD</u>
Name of person giving information <u>John Sibbs</u>	How related to deceased <u>Father</u>

CAUSES OF DEATH

Primary

Premature birth

How long

12 hrs

Immediate

Are the name, age, sex, color, date and place correctly given above?

Signature of Physician

Address

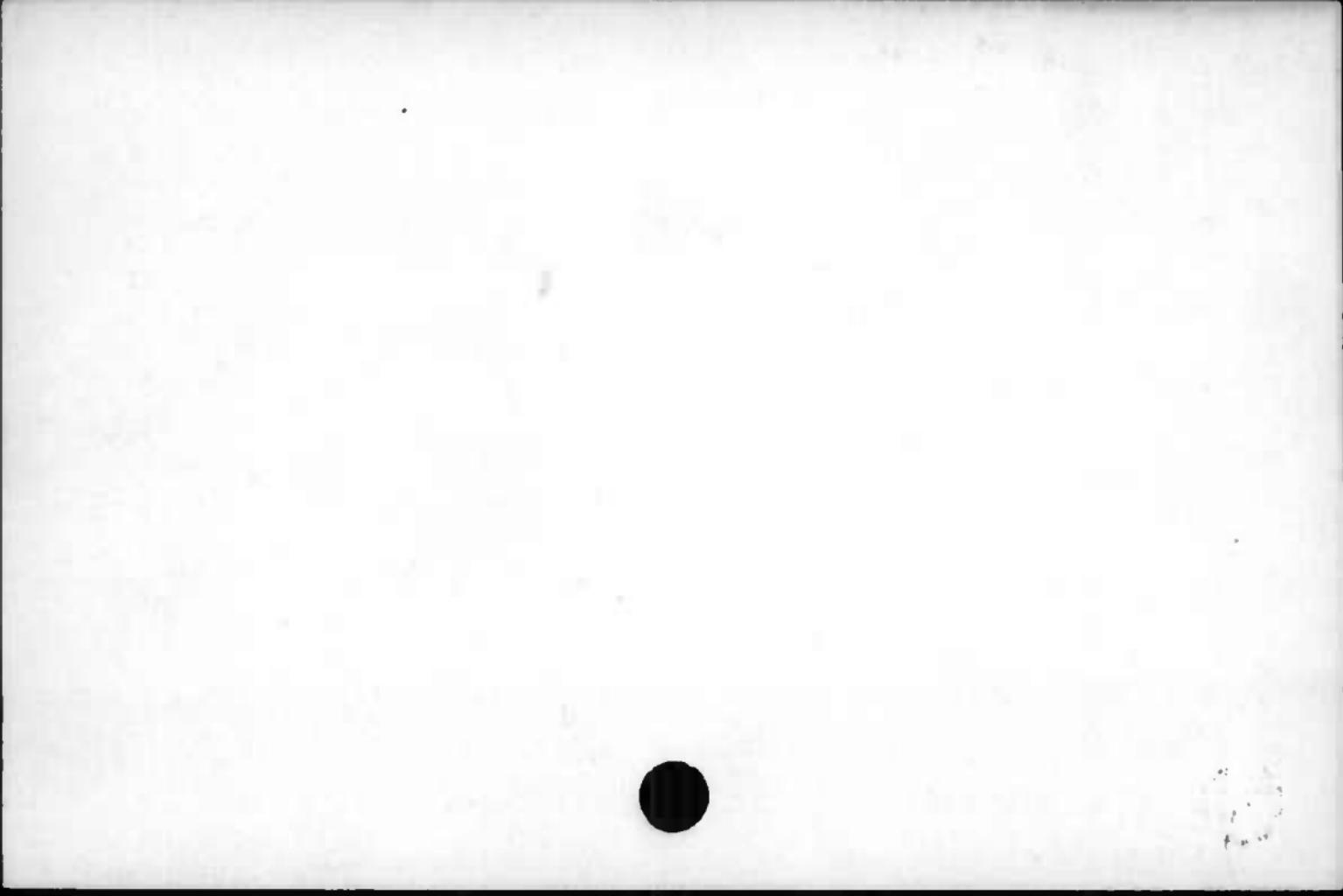
Henry B. Brown, M.D.

Hillabor,

MD



Accident or Suicide?



Name
in
Full

Sarah Elizabeth Watkins

CERTIFICATE OF DEATH

To BE ANSWERED BY
NEAREST FRIEND

Died at Ridgeley own town
Date of death 1906 Month 9 Day 29 Years 24 Months 3 Days 7
Sex Female Color or Race White Birth-place La. Co.

Occupation Housewife Where Residing if not
at place of death

Married, Single or Widowed Moving Name of Wife or Husband J. W. Watkins

Father's Name J. W. Scully

Father's Birthplace La. Co.

Mother's Maiden Name Sarah Elizabeth Kickerson

Mother's Birthplace " "

Name of person giving information J. A. Scully Jr.

How related to deceased Brother

CAUSES OF DEATH

Primary

Pulmonary Tuberculosis

How long

4 yrs

Immediate

Obstruction

How long

Are the name, age, sex, color, date and place correctly given above?

Signature of Physician

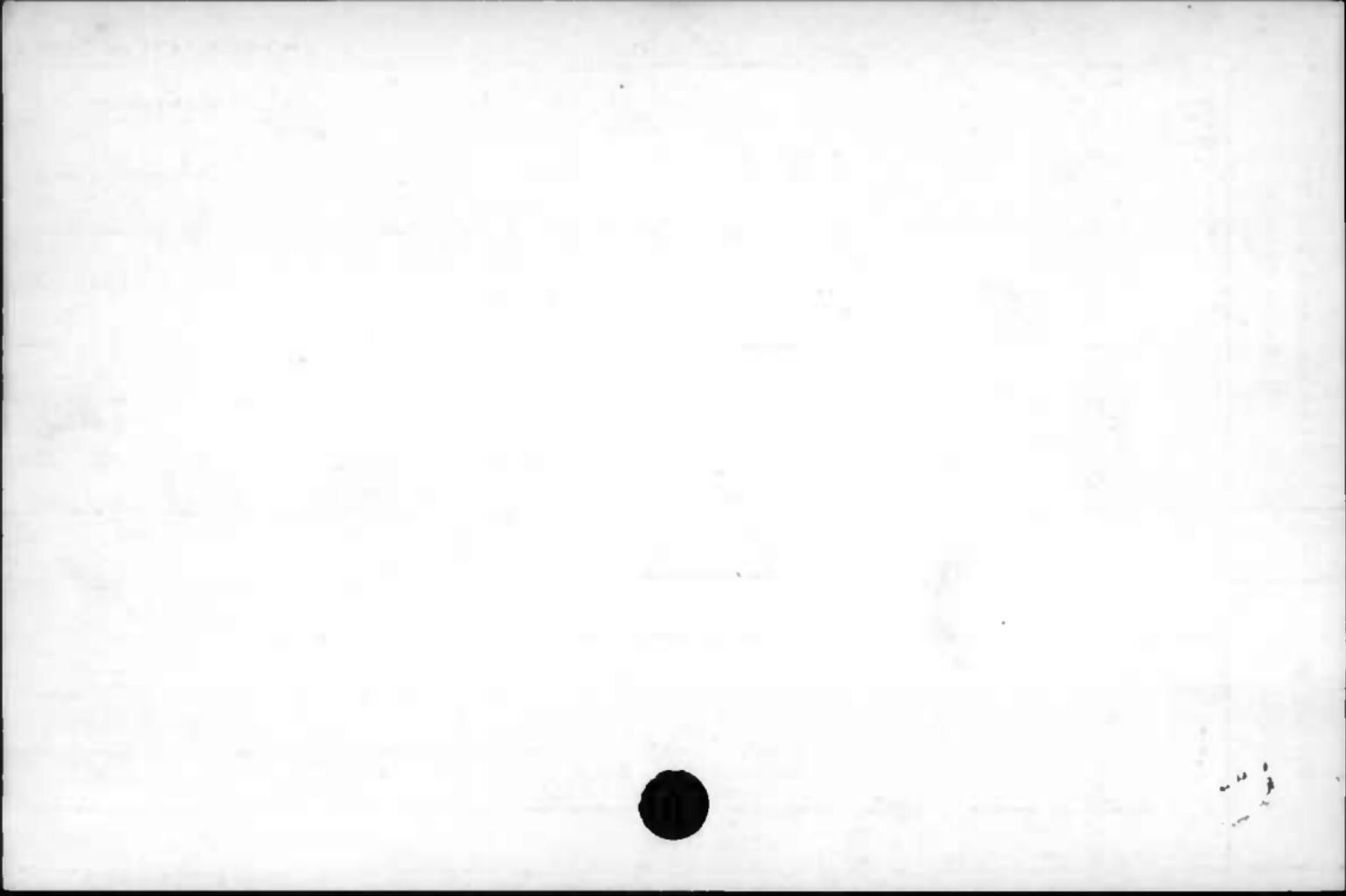
Address

J. G. Madara
Ridgeley Md

PHYSICIAN
OR CORONER



Accident or Suicide?



Name
In
Full

Harriet Wilson

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at	Town	County	MARYLAND
Date of death	Month	Day	Years Months Days
Sex	Color or Race	Age	
Occupation	Where Residing if not at place of death		
Married, Single or Widowed	Name of Wife or Husband	Father's Name	Father's Birthplace
Mother's Maiden Name		Mother's Name	Mother's Birthplace
Name of person giving information	How related to deceased		
Harriet Lewis			

CAUSES OF DEATH

PHYSICIAN
CORONER

Primary

Nephritis

How long

1 year

Immediate

Are the name, age, sex, color, date and place correctly given above?

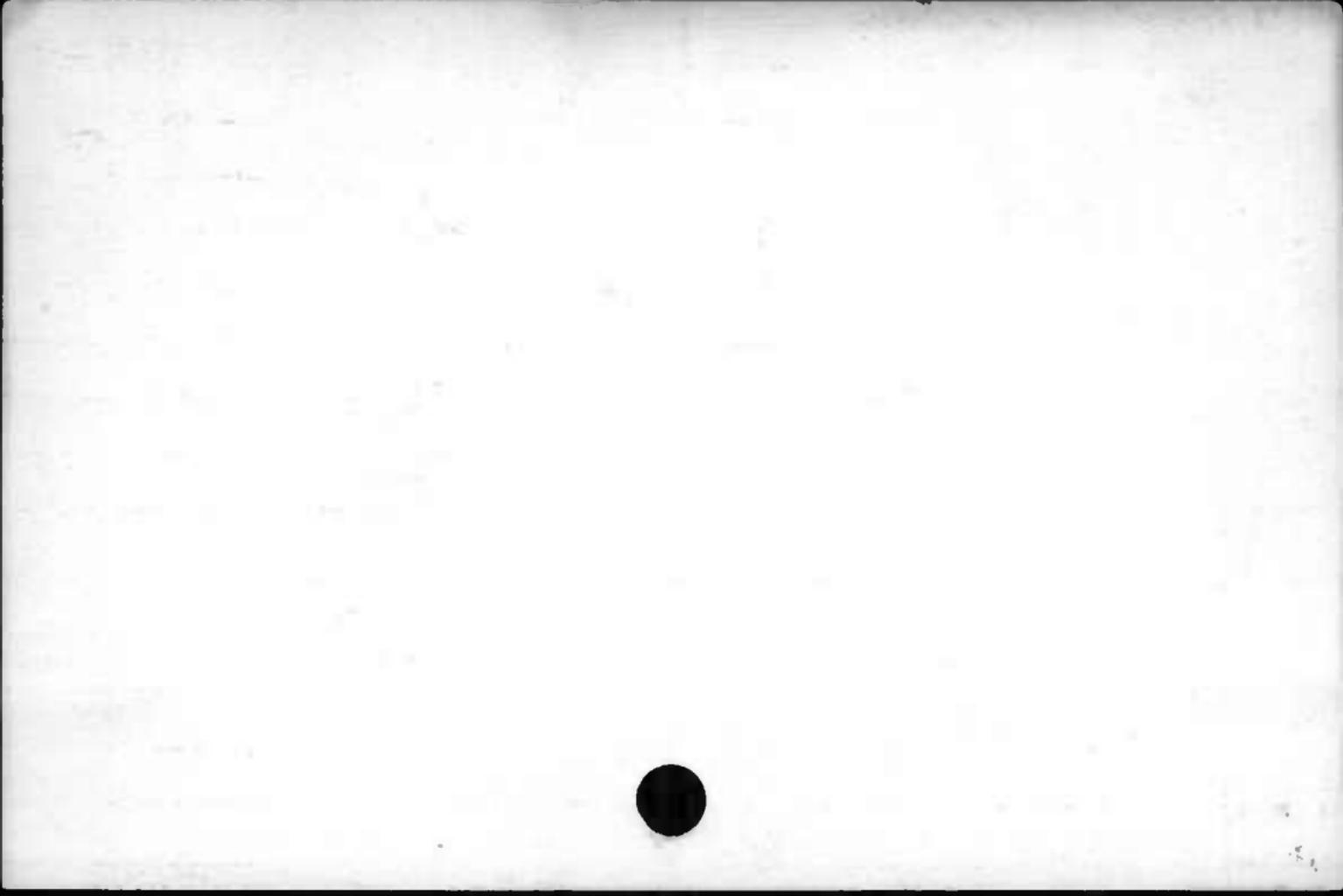
yes

Signature of Physician

R K Jefferson
Federalsburg
md

Address

Accident or Suicide?



Snow. Wright-
 Town *Federal City* County *Washington*

MARYLAND

Died at

Date 19

02

Month

1 29

Day

Y.

M.

D.

Native of

Occupation

Male

White

Age

210

Widow

Divorced

Female

Colored

Married

Single

Widower

Number of children living

Husband of

Wife

Father's Name

Cause of

Death

Reported by

Address

Hannah Wright Mother's
 Maiden Name

Lou Gaultier

How long sick

5 days

Accident, Suicide, Homicide

Primary

Immediate

Meningitis

Convulsions

Dr. F. Gaultier

Federal City, Md.

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

